



03/20/03

#GP1645

AMENDMENT TRANSMITTAL LETTER

Docket No.
UIZ-038

Application No.
09/653730

Filing Date
September 1, 2000

Examiner
Hines, J.A.

Art Unit
1645

Applicant(s): Whiteley, M., et al.

RECEIVED

Invention: QUORUM SENSING SIGNALING IN BACTERIA

MAR 26 2003

TO THE COMMISSIONER FOR PATENTS

TECH CENTER 1600/2900

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	41	- 71 =	0	x	
Independent Claims	2	- 6 =	0	x	
Multiple Dependent Claims (check if applicable)					<input checked="" type="checkbox"/>
Other fee (please specify): Extension for response within third month					930.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					930.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 12-0080 in the amount of \$ 930.00
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Maria Laccotripe
Maria Laccotripe Zacharakis, Ph.D.

Dated: March 19, 2003

Attorney Reg. No.: LRA

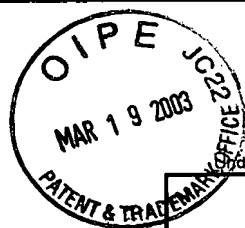
LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 931676918 US.
in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 19, 2003

Signature: *Maria Laccotripe*

Cardoza
(Maria Laccotripe Zacharakis, Ph.D.)



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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 930.00**

Complete if Known

Application Number	09/653730
Filing Date	September 1, 2000
First Named Inventor	M. Whiteley
Examiner Name	Not Yet Assigned
Group Art Unit	1645
Attorney Docket No.	UIZ-038

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

X Deposit Account

Deposit Account Number **12-0080**

Deposit Account Name **Lahive & Cockfield, LLP**

The Commissioner is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\\$) 930.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	x	Fee from below	Fee Paid
<input type="checkbox"/>				
Independent Claims	-3** =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\\$) 0.00		

** or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

SUBMITTED BY			
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D.	Registration No. (Attorney/Agent)	LRA
Signature		Date	March 19, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. 931676918 US in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 19, 2003 Signature:

(Maria Laccotripe Zacharakis, Ph.D.)